

(County of Residence)

(City, State and Zip Code)

(The name and relationship of disabled person to the owner of the vehicle, spouse, child, or ward of the owner.)

(Date)

Note: Disabled person license plate cannot be issued to a business.

Practitioner: Check the disability that applies to the vehicle owner or the spouse, child, or ward of the vehicle owner.

- ☐ Is hearing impaired pursuant to code section 24-9-101?
- ☐ Is ambulatory so disabled that he or she cannot walk 200 feet without stopping to rest?
- ☐ Cannot walk without the use of or assistance from a brace, a cane, a crutch, another person, a prosthetic device, a wheelchair, or other assistive device;
- ☐ Is restricted by lung disease to such an extent that his or her forced respiratory volume for one second, when measured by spirometry, is less than one liter, or when at rest, his or her arterial oxygen tension is less than 60 millimeters of mercury on room air;
- ☐ Uses portable oxygen;
- ☐ Has a cardiac condition to the extent that his or her functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association, or
- ☐ Is severely limited in his or her ability to walk due to an arthritic, neurological, or orthopedic condition or complications due to pregnancy.

(Date)

(Phone Number)

(City, State and Zip Code)

Acknowledgement of Notary Public for Practitioner's Signature

(Signature & Seal of Notary Public)

(Date My Commission Expires)